

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

BornAliveTruth.org

(b) Address (number and street) ☐ check if different than previously reported

P.O. Box 285

(c) City, State and ZIP Code

Mokena, IL 60448

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001168

3. Is This Statement☒ New

or

☐ Amended**4. Covering Period**

1'0' 2'03' 2008'11'

through

1'0' 2'07' 2008'11'

5. (a) Date of Public Distribution(s)

1'0' 2'07' 2008'11'

(b) Communication Title

"Gianna II"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Jill Stanek

(b) Address (number and street)

P.O. Box 285

(c) City, State and ZIP Code

Mokena, IL 60448

(d) Name of Employer or Principal Place of Business

Born Alive Truth, Inc.

(e) Occupation

Executive Director

9. Total Donations This Statement

0 00

10. Total Disbursements/Obligations This Statement

8 6 7 5 0 00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Jill Stanek

SIGNATURE

Jill Stanek

DATE

10/28/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)